

# PART B - FEE(S) TRANSMITTAL

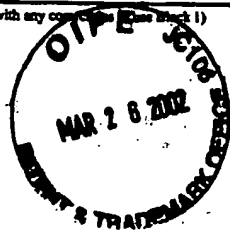
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**CURRENT CORRESPONDENCE ADDRESS** (Note: Legibly mark-up with any corrections to Block 1)

7590 12/17/2001  
**TIMOTHY S. CORDER**  
**VINSON & ELKINS L.L.P.**  
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**1001 FANNIN STREET**  
**HOUSTON, TX 77002-6760**



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## Certificate of Mailing

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

<b>TIMOTHY S. CORDER</b>	(Depositor's name)
<i>[Signature]</i> 38,414	(Signature)
<b>MARCH 18, 2002</b>	(Date)

<b>APPLICATION NO.</b> 09/122,384	<b>FILING DATE</b> 07/24/1998	<b>FIRST NAMED INVENTOR</b> STEPHEN J. ELLEDGE	<b>ATTORNEY DOCKET NO.</b> BAY136/4-010CIP	<b>CONFIRMATION NO.</b> 4340
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**TITLE OF INVENTION:** RAPID SUBCLONING USING SITE-SPECIFIC RECOMBINATION

<b>TOTAL CLAIMS</b> 33	<b>APPLN. TYPE</b> nonprovisional	<b>SMALL ENTITY</b> NO	<b>ISSUE FEE</b> \$1,280.	<b>PUBLICATION FEE</b> \$0	<b>TOTAL FEE(S) DUE</b> \$1,280.	<b>DATE DUE</b> 03/18/2002
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<b>EXAMINER</b> YUCEL, IREM	<b>ART UNIT</b> 1636	<b>CLASS-SUBCLASS</b> 435-006000
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1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. **VINSON & ELKINS LLP**

2. \_\_\_\_\_

3. \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

**PLEASE NOTE:** Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**BAYLOR COLLEGE OF MEDICINE**

**HOUSTON, TX**

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee

☐ Publication Fee

☐ Advance Order - # of Copies \_\_\_\_\_

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☒ A check in the amount of the fee(s) is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Commissioner is hereby authorized by charge the required fee(s); or credit any overpayment, to Deposit Account Number **22-0365** (enclose an extra copy of this form).

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee and Publication Fee (if any) to the application identified above.

(Authorized Signature)

(Date)

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**03/29/2002 NFWNE11 00000064 09122384**

**01 FC:142**

**1280.00 UP**

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